

POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH SUD Continued Stay UR Policy	<u>POLICY #:</u> DSAMH048
<u>PREPARED BY:</u> DSAMH SUD UR	<u>DATE ISSUED:</u> 4/17/23
<u>RELATED POLICIES:</u> DSAMH003 Provider Appeals Policy DSAMH047 SUD Initial Review UR Policy DSAMH049 SUD Discharge UR Policy DSAMH050 SUD Retroactive UR Policy	<u>REFERENCE:</u> NQCA, HEIDIS, CMS
<u>DATES REVIEWED:</u> 4/17/23	<u>DATES REVISED:</u> 2/1/23
<u>APPROVED BY:</u>  <p>1B71C05196B24CA...</p> <p>4/24/2023 10:47 AM PDT</p>	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. **PURPOSE:**

The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for applicable substance use disorder (SUD) treatment for Delaware residents eighteen (18) years of age or older who are uninsured, underinsured, or have Delaware Medicaid fee-for-service. DSAMH-contracted providers that provide services for Residential Treatment (ASAM 3.1, 3.3, 3.5), Intensive Outpatient (ASAM 2.1), Residential Detox (ASAM 3.2, 3.7), Ambulatory Withdrawal Management (ASAM 2), or 23-hr Ambulatory Withdrawal Management (ASAM 2) must follow the steps outlined in this policy for authorization by DSAMH.

II. **POLICY STATEMENT:**

DSAMH will conduct a continued stay review on the last covered day if additional days are requested. The continued stay review is based solely on the Substance Use Disorder Continued Stay Request (CSR) form and other clinical documentation provided by the substance use disorder (SUD) facility. The supporting clinical documentation and CSR form must show treatment progress and the need for continued treatment days.

III. **DEFINITIONS:**

“Authorization” means the agreement from DSAMH that a patient meets medical necessity as defined by ASAM criteria for substance use disorder treatment and that DSAMH will pay for treatment.

“Days” means calendar days unless otherwise specified.

“Delaware resident” means either:

1. An individual who is domiciled in Delaware for any part of the tax year or maintains an abode in Delaware and spends more than 183 days in the State.
2. A person possesses a valid Delaware-issued identification card such as driver’s license or non-driver identification card.

“FFS” means fee-for-service.

“Utilization Review” or “UR” means the review of clinical information to determine authorization approval or denial.

IV. **SCOPE:** This policy and procedure applies to all DSAMH-contracted providers that provide Residential, Intensive Outpatient, Residential Detox, Ambulatory Withdrawal Management, and/or 23-hr Ambulatory Withdrawal Management services for uninsured, underinsured patients, or patients with Medicaid fee-for-service.

V. **PROCEDURES/RESPONSIBILITIES**

A. Exploration and Discovery of Insurance:

1. Additional information will be requested as needed:
 - a. The treating SUD provider is responsible to provide evidence that a patient is not covered under a private insurance, an out of state or DE Medicaid, or has a policy that does not cover SUD Residential, Intensive Outpatient, Residential Detox, Ambulatory Withdrawal Management, and/or 23-hr Ambulatory Withdrawal Management services.
 - b. This evidence is required prior to DSAMH’s review of SUD Continued Stay Request (CSR) form and other clinical documentation for authorization of treatment.

B. Submission of SUD Continued Stay Request (CSR) and other clinical documentation:

1. CSR and other clinical documentation must be submitted to the DSAMH SUD UR email box DSAMH_EEU_SUD@delaware.gov with the word “continued stay” in the subject line. CSR and other clinical documentation submitted to another email box or faxed to the office will not be accepted.
2. CSR and clinical documentation must be submitted by the first business day after the last covered day. Any CSR and or other documentation submitted within thirty (30) days of this date will be accepted. Any CSR submitted thirty (30) or more days after this date will be considered late.
 - a. Should the last covered day fall on a Friday or prior to a State holiday, CSR and clinical documentation shall be submitted three to five (3-5) days before the last covered day or on the last covered day, to prevent potential delay or denial of authorization.
 - b. CSR and other clinical documentation submitted thirty (30) days or later will not be considered for authorization of treatment and a denial of authorization will be issued for failure to submit CSR for review. No exceptions will be made.
3. The CSR must contain the number of days requested, the new start date for the CSR, and “CSR” must be indicated as the type of authorization being requested on the form. The CSR must include documentation of treatment progress, justification for continued treatment, and treatment goals. Failure to submit CSR without this information will result in a denial for authorization due to submission of an incomplete CSR form.

- C. CSR and other clinical documentation shall include but is not limited to:
 - 1. Documentation of Delaware residential status for SUD treatment admission,
 - 2. Documentation that treatment cannot be rendered at a lower level of care,
 - 3. Treatment goals,
 - 4. Progress and Group notes since last review,
 - 5. Documentation of psychoeducation and community resources, if available,
 - 6. Documentation of development of a relapse prevention plan,
 - 7. Laboratory results of toxicology testing since last review, if available,
 - 8. Medication administration record, if any changes since last review,
 - 9. Documentation of discharge planning,
 - 10. Collateral information such as documentation of contact with outpatient providers, family and/or support system, and
 - 11. Clinical Opiate Withdrawal Scale and/or Clinical Alcohol Withdrawal Assessment Scale since last review, if available.
- D. Review of clinical documentation:
 - 1. DSAMH SUD UR will conduct a review of the CSR and other clinical documentation to provide determination of authorization.
 - 2. DSAMH SUD UR may authorize multiple days, but each day of treatment must meet medical necessity based on documentation provided by the facility.
 - 3. Failure to submit complete CSR and treatment documentation could result in delay in authorization or denial of authorization.
 - 4. Frequency of reviews will be based on level of care, treatment progress of the client, and documentation provided by the SUD facility. The reviews shall be completed at least every 30 days.
- E. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.

VI. **POLICY LIFESPAN**: This policy will be reviewed annually.

VII. **RESOURCES**:

- A. DSAMH047A UR Auth Form